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## BIB DATA SHEET

CONFIRMATION NO. 8571

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/502,067	09/12/2005 RULE	414	3654	018778-9026-01
<b>APPLICANTS</b> Michael E Kasten JR., Winamac, IN; Kenneth E Thornburg, Culver, IN; Jeffrey J Hermanson, Culver, IN; Keith D Heigl, Winamac, IN; James R Pierrou, Winamac, IN;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US03/00458 01/08/2003 which claims benefit of 60/355,175 02/07/2002 and claims benefit of 60/361,989 03/05/2002 (*)Data provided by applicant is not consistent with PTO records.				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b>				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/ERIC E PICO/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance <input type="checkbox"/> EEP Initials	<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWINGS</b> 5	<b>TOTAL CLAIMS</b> 24
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> MICHAEL BEST & FRIEDRICH LLP Two Prudential Plaza 180 North Stetson Avenue, Suite 2000 CHICAGO, IL 60601 UNITED STATES				
<b>TITLE</b> Safety belt system for wheelchair lifts				
<b>FILING FEE RECEIVED</b> 1018	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	